SYNOPSIS OF SYMPTOMS OBSERVED IN 33 CASES OF INFANTILE HEMIPLEGIA.

Hyperextension of the big toe on the paralyzed side; number of cases, 2.

Aphasia in right hemiplegia, without disturbance of intellect, only in one case, and this patient is deaf as well as dumb.

Ability to write in the eight cases of right hemiplegia examined is present in 5. One patient can print, one can copy script as script; one can not write at all. Education must be thought of in this connection.

Age of Onset of Hemiplegia.	Age at Time Examined.
18 mos.	20 yrs.
Congenital	not known.
Not known.	14 yrs.
Not known	18 yrs.
6 yrs	18 yrs.
Congenital	12 yrs.
Infancy	18 yrs.
3 weeks	10 yrs.
Congenital	20 yrs.
2½ yrs	19 yrs.
Congenital	31 yrs.
8 mos.	14 yrs.
Not known.	18 yrs.
Not known	23 yrs.
10 yrs	18 yrs.
16 mos.	19 yrs.
Infancy	not known.
Congenital	22 yrs.
Congenital	9 yrs.
Not known	about 13 yrs.
Congenital	14 yrs.
Not known	20 yrs.
Congenital	12 yrs.
Not known	20 yrs.
2 yrs.	20 yrs.
Not known	33 yrs.

	No. of Cases.
Ulnar oligodactyly	9
Athetosis	4
Facial paralysis or paresis	10
Unilateral arrest of facial development	1
Epilepsy	22
Convulsions only in infancy	5

Sensation in all cases normal.

Etiology.	No. of cases.
"Brain fever,"	1
Small pox	1
"Catarrhal fever,"	1
"Confusion of brain,"	1
"Congenital tubercular disease,"	1
"Congestive chill,"	1
Measles or scarlet fever	1
Aura ascertained	6
Diminution in size of thorax on the hemiplegic side	16
Retarded growth in the paralyzed limbs	31
Presumable heredity	1
Weakness of intellect to a notable degree	13
Hypotonia of fingers	6
Right hemiplegia	17
Left hemiplegia	16
Boys	10
Girls	23
Contractures of the paralyzed limbs	31
Unilateral paralysis of the tongue	4
Paralysis of the muscles supplied by the fifth nerve not observed.	
Unilateral atrophy of the tongue	1

In addition to these cases from the Pennsylvania Training School for Feeble-Minded Children, we report a case of congenital chorea studied at the New Jersey Training School for Feeble-Minded Children.

The boy was born at full term with the use of forceps. Deficient animation was noticed at birth. As a babe he was rather sickly, and did not begin to walk until nearly three years of age. His mother states that his condition was congenital. At present he is a well developed lad. The tendon reflexes of the lower limbs are greatly exaggerated. A tap on the patella tendon throws the limb into a rigid state. Patella clonus and ankle clonus are present. There is a tendency to pes equino-varus. What might be called fascicular chorea (Klippel and Durante) is present in the entire body, even the face and tongue are involved, and when the eyes are forcibly closed the involuntary fascicular movements of the face and the tremor of the head are increased. The tremor of the hands is noticed especially when the arms are extended, but it is not as severe as in the lower limbs. The speech is very indistinct and is like that of ordinary chorea. The pressure of the hands is strong and apparently equal on the two sides, and no weakness can be detected in the lower limbs. Sensation for touch and pain is normal. The gait is incoördinate, but not spastic. He complains of some weakness in the left arm and leg. The muscles supplied by the lower branch of the left seventh nerve are paretic.

The case should be classed under hemiplegia. The greatly increased tendon reflexes, the subjective weak ness on the left side of the body, the paresis of the left facial muscles all point in this direction. There is in this case in all probability some cerebral lesion irritating but not destroying the motor centres.